

UTAH DEPARTMENT OF HEALTH  
BUREAU OF CHILD CARE LICENSING  
P. O. Box 142003, Salt Lake City, Utah 84114-2003

**LICENSE APPLICATION- FOR CHILD CARE CENTER**

**A. IDENTIFYING INFORMATION:**

FACILITY NAME \_\_\_\_\_ TELEPHONE# (\_\_\_\_) \_\_\_\_\_

FACILITY MAILING ADDRESS \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

FACILITY STREET ADDRESS \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

DIRECTOR (if change, see below) \_\_\_\_\_ TELEPHONE# (\_\_\_\_) \_\_\_\_\_

FOOD PROGRAM PROVIDER \_\_\_\_\_

**B. ACTION REQUESTED:** (Check ☒ all that apply). Application is complete when copies of all items listed are submitted to the Bureau of Child Care Licensing.

Initial License ☐ (Include fees, CBS/MIS Consent and Release of Liability forms (fingerprints and fees if FBI is required), fire clearance, business license \*, certificate of occupancy \*, zoning \*, food service/health inspection\*)  
\* Check with your city to see how to obtain these items. Cities may choose to prosecute child care providers who do not obtain these clearances.

Annual Renewal ☐ (Include fees, CBS/MIS Consent & Release of Liability forms)

Change of Ownership ☐ (Include fees, CBS/MIS Consent and Release of Liability forms, fire clearance, business license \*, food service/health inspection)

Change of Director ☐ (Include director qualifications and CBS/MIS Consent and Release of Liability form with resume, college degree and transcripts; or copy of current CDA or NAC; or hourly center may submit resume and letter with signature from employer(s) verifying two or more years experience in child care and high school diploma)

Change Location ☐ (Include new fire clearance)

Change Name ☐ (Previously known as \_\_\_\_\_)

Change Capacity ☐ (Include fees - \$3.00 per child of requested increase)

Change Category ☐ (Include fees, CBS/MIS Consent and Release of Liability forms, fire clearance, business license \*, certificate of occupancy \*, zoning \*, food service/health inspection)

Variance Continuation ☐ Identify Rule: \_\_\_\_\_

Deemed Status ☐ Initiation of Deemed Status (Include copy of Accreditation Certificate)  
☐ Continuation of Deemed Status. Date of last accreditation: \_\_\_\_\_  
(Include copy of last Accreditation Certificate)  
☐ Relinquishment of Deemed Status. Date relinquished: \_\_\_\_\_

\*There is a \$25.00 fee if more than two changes are made per year

**C. TYPE OF FACILITY:** (Check ☒ appropriate boxes)

☐ **CENTER (5 or more children)** License approved capacity \_\_\_\_\_ < 2 yrs\*\* \_\_\_\_\_  
Preschool\*\* \_\_\_\_\_  
\*\*Total number of children in age groups is equal to License approved capacity. School-age\*\* \_\_\_\_\_

☐ **HOURLY CENTER (5 or more children)** License approved capacity \_\_\_\_\_ < 2 yrs\*\* \_\_\_\_\_  
Preschool\*\* \_\_\_\_\_  
\*\*Total number of children in age groups is equal to License approved capacity. School-age\*\* \_\_\_\_\_

**D. CRIMINAL IDENTIFICATION SCREENING (CBS/MIS) - ATTACH COMPLETED FORMS:**

Utah Code 26-39-107 requires that each person requesting to be licensed or to renew a license under this chapter shall submit to the department the name and other identifying information, which may include fingerprints, of existing, new, and proposed: owners; directors; members of the governing body; employees; providers of care; and volunteers; except parents of children enrolled in the programs. The information shall be used to screen the individuals for criminal history through the Bureau of Criminal Identification (BCI) and the DHS Management Information System (MIS).

- ☐ Center (Include CBS/MIS Consent and Release of Liability forms on all applicable staff and members)
- ☐ Hourly Center (Include CBS/MIS Consent and Release of Liability forms on all applicable staff and members)

**E. OWNERSHIP:** (Check ☒ One) Complete Ownership information is required on all applications. Do not write "On File" or any other explanation below. This information is recorded and checked for any changes on all applications submitted.

- ☐ **Individual Owner:** (Identify owner by name, include address and phone number in space below)
- ☐ **Corporation:** (Identify corporation by name, include address and phone number; identify owner(s), officers, Board members, etc. by name and title, include address and phone number for each in space below – attach additional sheet if needed)
- ☐ **Partnership:** (Identify each partner by name, include address and phone number for each in space below – attach additional sheet if needed)
- ☐ **Other:** (Describe the ownership arrangement and identify the owner(s), officers, Board members, etc. by name and title, include address and phone number for each in space below – attach additional sheet if needed)

Corporation Name \_\_\_\_\_ Telephone# (\_\_\_\_) \_\_\_\_\_

Corporate Address \_\_\_\_\_

List Owners, Officers, Board members, etc. (Include name, title, address and phone number)

Name & Title \_\_\_\_\_ Telephone# (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Name & Title \_\_\_\_\_ Telephone# (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Name & Title \_\_\_\_\_ Telephone# (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

(Use additional pages if necessary)

Provide the names, addresses, percentages of stock, shares, partnerships or other equity interests of each officer, members of the board of directors, trustees, stockholders, partners, or other persons who have greater than 25 percent interest in the facility:

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(Use additional pages if necessary)

Each of the persons listed above must attest that they:

- a) have never been convicted of a felony;
- b) have never been found in violation of any local, state, or federal law which arises from or is otherwise related to the individual's relationship to a child care facility;
- c) have not within the five years prior to the date of application had an interest in a licensed child care facility that has been closed as a result of a settlement agreement resulting from a license revocation; and
- d) have not been convicted of child abuse, neglect, or exploitation.

(Pursuant to R430-2-3(4))

**F. CERTIFICATION OF UNDERSTANDING:**

I \_\_\_\_\_, as \_\_\_\_\_  
(Name) (Title)

of the above named facility, understand this request constitutes a Request of Agency Action as specified in Utah Code Ann. 63-46b(3) and serves as the formal document upon which a licensure decision will be based. I agree to abide by the rules promulgated by the State of Utah for this category of child care facility and do hereby state that the information provided on this application is true to the best of my knowledge and belief.

I agree to allow authorized representatives of the Department of Health, upon representation of proper identification, to enter the facility at any reasonable time without a warrant and to review facility records and documents, interview providers and children as necessary to ascertain compliance with State licensing law and rules promulgated by the Department of Health.

\_\_\_\_\_  
Signature Date

February 2005